

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF OREGON

In re  
**Wildhorse Meadows, LLC**

) Case No. 18-32267-tmb11  
)  
) NOTICE OF DEBTOR'S  
) AMENDMENT OF MAILING LIST  
) OR SCHEDULES D, E, F, E/F, G AND/OR H

Debtor(s)

**I. FILING INSTRUCTIONS FOR DEBTOR(S):**

- A. File this form to add or delete creditors from the mailing list and/or [Schedules D, E, F, E/F, G and/or H](#), or change the amount or classification of a debt listed on schedules D, E, F and/or E/F. An amendment [filing fee](#) is required.
- B. If filing in paper, you must also include a creditor mailing list with ONLY the NEW or DELETED creditors listed in the format set forth on [Local Form 104](#). Be sure to label each set of changes (i.e., "Add", "Delete", etc.).
- C. If amending Schedules D, E, F, E/F, G and/or H, label them as "Supplemental" and include ONLY the NEW information, and file them with this notice.
- D. If amending Schedules D, E, F and/or E/F, you must also file [Official Form 106Sum](#) for individual debtors, or [Official Form 206Sum](#) for non-individual debtors.
- E. If the case is closed, you must also file a separate Motion to Reopen with the applicable [filing fee](#).
- F. To file an address change for a previously listed creditor, use [Local Form 101C](#) instead of this form.

**II. SERVICE INSTRUCTIONS FOR DEBTOR(S):**

- A. **When adding creditors:** Serve each new creditor with a copy of this notice, and a copy of any of the following documents that have already been filed in this case:
  1. **(All chapters)** The Notice of the Meeting of Creditors that includes **all 9 digits** of any Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN).
  2. **(All chapters)** Each applicable amended schedule.
  3. **(All chapters)** When the time for filing a timely proof of claim or complaint under 11 USC §523(c) or §727 has expired, a separate notification that adding the creditor may not result in discharge of the debt. [Note: You must create this notification.]
  4. **(Chapter 7 or 11)** Any order, and any supplemental order, fixing time for filing a proof of claim form.
  5. **(Chapter 9, 11, 12, or 13)** (a) The notice of any pending confirmation hearing, all related documents required to be sent with that notice and, in a Chapter 13 case, the most recent proposed plan; or (b) the most recent confirmation order, the most recent confirmed plan, and, if a confirmed Chapter 11 plan, the approved disclosure statement related to the confirmed plan.
  6. **(Chapter 11, 12 or 13)** Any notice of modification of plan, including attachments, if time for objection has not expired.
  7. **(Chapter 9 or 11 only)** The names and addresses of the Chairperson and any attorney for each official Committee of Creditors or Equity Security Holders.
  8. **(Chapter 9 or 11)** The notice of any pending hearing on a proposed disclosure statement, with attachments.
- B. **When deleting creditors, changing a creditor status (e.g., nondisputed to disputed), or reducing a creditor's claim:** Serve each affected creditor with a copy of this notice, the applicable amended schedule(s), and the following:
  1. **(All chapters)** A notice to each deleted creditor that: (a) the creditor is being deleted and will not receive further notices unless the creditor files a written request with the court that includes the debtor's name, full case number, and the creditor's name and mailing address; and (b) if time has been fixed to file a proof of claim, the creditor should contact his/her attorney with any claims questions.
  2. **(Chapter 9 or 11)** A notice to each affected creditor that a proof of claim must be filed by the later of either (a) 30 days from the service date of this notice, or (b) the latest time fixed by the court.

**III. CERTIFICATE OF COMPLIANCE:**

The undersigned, who is the debtor or debtor's attorney, certifies that: (A) all applicable requirements above have been completed; AND (B) the attachments are true and correct [or were individually verified by the debtor(s)].

Dated: 08/27/18

/s/ Douglas Pahl  
Signature

Douglas Pahl 503.727.2000

Type or Print Signer's Name **AND** Phone No.

16900 Aspen Lakes Dr, Sisters, OR 97759 (1413)

Debtor's Address & Taxpayer ID#(s) (last 4 digits)

**Fill in this information to identify the case:**Debtor name Wildhorse Meadows, LLCUnited States Bankruptcy Court for the: District of OregonCase number (if known): 18-32267☒ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1:** Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B* .....\$ 4,128,895.00**1b. Total personal property:**Copy line 91A from *Schedule A/B* .....\$ 1,757,815.55**1c. Total of all property:**Copy line 92 from *Schedule A/B* .....\$ 5,886,710.55**Part 2:** Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* .....\$ 4,891,860.95**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 6a of *Schedule E/F* .....\$ 148,722.95**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F* .....**+** \$ 376,203.94**4. Total liabilities** .....  
Lines 2 + 3a + 3b\$ 5,416,787.84

**Fill in this information to identify the case:**

Debtor name Wildhorse Meadows, LLC  
United States Bankruptcy Court for the: District of Oregon  
Case number (if known): 18-32267

☒ Check if this is an amended filing

**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
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**2.1 Creditor's name**

GT Capital

**Describe debtor's property that is subject to a lien**

Golf course and accompanying club house and restaurant located at 16900 Aspen Lakes Dr, Sisters OR 97759

\$ 4,891,860.95\$ 5,886,710.55**Creditor's mailing address**101 N Main Ave  
Suite 325  
Sioux Falls, SD 57104**Describe the lien****Creditor's email address, if known****Is the creditor an insider or related party?**

- ☒ No  
☐ Yes

**Date debt was incurred** 2/27/2006**Is anyone else liable on this claim?**

- ☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**Last 4 digits of account number**       **Do multiple creditors have an interest in the same property?**

- ☒ No  
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**2.2 Creditor's name****Describe debtor's property that is subject to a lien**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Creditor's mailing address****Describe the lien****Is the creditor an insider or related party?**

- ☐ No  
☐ Yes

**Is anyone else liable on this claim?**

- ☐ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**Creditor's email address, if known****Date debt was incurred** \_\_\_\_\_**Last 4 digits of account number**       **Do multiple creditors have an interest in the same property?**

- ☐ No  
☐ Yes. Have you already specified the relative priority?  
☐ No. Specify each creditor, including this creditor, and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$ 4,891,860.95

**Fill in this information to identify the case:**

Debtor Wildhorse Meadows, LLC  
United States Bankruptcy Court for the: District of Oregon  
Case number 18-32267  
(If known)

☒ Check if this is an amended filing

**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1:** List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.  
☒ Yes. Go to line 2.

**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing address

Deschutes County  
Deschutes Services Building  
Bend, OR 97703

**Date or dates debt was incurred**

2014-2017

**Last 4 digits of account number**

9857

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)

**As of the petition filing date, the claim is:** \$

**Total claim**  
49,737.04

**Priority amount**  
\$ 49,737.04

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

Taxes owed to governmental unit

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.2** Priority creditor's name and mailing address

Deschutes County  
Deschutes Services Building  
Bend, OR 97703

**Date or dates debt was incurred**

2014-2017

**Last 4 digits of account number**

0017

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)

**As of the petition filing date, the claim is:** \$

98,985.91

\$ 98,985.91

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

Taxes owed to governmental unit

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.3** Priority creditor's name and mailing address**Date or dates debt was incurred****Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (    )

**As of the petition filing date, the claim is:** \$

\$

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:****Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> Aspen Investments, L.L.C. 16900 Aspen Lakes Dr Sisters, OR 97759  Date or dates debt was incurred _____ Last 4 digits of account number <u>N/A</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Loan</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>5,000.00</u>
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> Keeton-King Construction 18159 Hwy 126 Sisters, OR 97759  Date or dates debt was incurred <u>7/17/2008</u> Last 4 digits of account number <u>N/A</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Contractor</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>229,084.29</u>
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> Rodney Rice, CPA 120 Hickory St. NW Albany, OR 97321  Date or dates debt was incurred <u>2016-2017</u> Last 4 digits of account number <u>N/A</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Accounts Payable - Professional Exp.</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
		\$ <u>3,627.76</u>
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> Sisters Aggregate & Construction, L.L.C. 17204 Hwy 126 Sisters, OR 97759  Date or dates debt was incurred <u>2006-2017</u> Last 4 digits of account number <u>N/A</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Aggregate and services provided to debtor.</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>142,119.65</u>
<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b>   Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ _____
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b>   Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ _____

**Part 4:** Total Amounts of the Priority and Nonpriority Unsecured Claims

**5. Add the amounts of priority and nonpriority unsecured claims.**

**Total of claim amounts**

5a. Total claims from Part 1	5a.	\$	<u>148,722.95</u>
5b. Total claims from Part 2	5b.	+	\$ <u>376,203.94</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.		<div><div>\$</div><div><u>524,926.89</u></div></div>

**Fill in this information to identify the case:**Debtor name Wildhorse Meadows, LLCUnited States Bankruptcy Court for the: District of OregonCase number (If known): 18-32267☒ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name '5 bX' Mailing address		Name	Check all schedules that apply:
2.1	Aspen Investments, L.L.C. 16900 Aspen Lakes Dr Sisters, OR 97759	GT Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	Aspen Lakes Golf Course, L.L.C. 16900 Aspen Lakes Dr Sisters, OR 97759	GT Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	Aspen Lakes Utility Company, L.L.C. 16900 Aspen Lakes Dr Sisters, OR 97759	GT Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	Conida E. Cyrus 17204 Hwy 126 Sisters, OR 97759	GT Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	Kelly K. Cyrus 16929 Green Drake Court Sisters, OR 97759	GT Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	Matthew K. Cyrus 16929 Green Drake Court Sisters, OR 97759	GT Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Relationship to Debtor	Name	Check all schedules that apply:
7	O. Keith Cyrus 17204 Hwy 126 Sisters, OR 97759	GT Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
8	Pamela K. Mitchell 69339 Hinkle Butte Sisters, OR 97759	GT Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
9	Sisters Aggregate & Construction, L.L.C. 16900 Aspen Lakes Dr Sisters, OR 97759	GT Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G



Fill in this information to identify the case and this filing:

Debtor Name Wildhorse Meadows, LLC

United States Bankruptcy Court for the: District of Oregon

Case number (if known): 18-32267

## Official Form 202

### Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

#### Declaration and signature

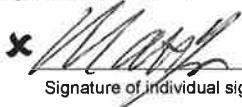
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ Amended *Schedule A/B, D, E/F, H and Summary of Assets and Liabilities for Non-Individuals*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 8/27/2018  
MM / DD / YYYY

x 

Signature of individual signing on behalf of debtor

Matt Cyrus

Printed name

Managing Member

Position or relationship to debtor

Declaration Under Penalty of Perjury for Non-Individual Debtors